

SIGN UP NOW FOR YOUTH SOCCER

- Boys and Girls ages 4-12 (and 6th graders)
- Junior Kickers – Kids born after 8/1/04.
* (must turn 4 by 7/31/09)
- Deadline: February 27th and March 6th (\$5 late fee)
- League Play will begin April 4th and last 7 weeks.
(No games will be played Saturday, 4/11)
- Interested in coaching? Please indicate on form.

Simply fill out the attached form and return to the Park and Recreation Office at the address below. If you have any questions contact Adam Jines, Recreation Manager at 838-3691.



118 Main Street
P.O. Box 324
Mt. Vernon, IN 47620

Soccer Registration Form

Mt. Vernon Parks & Recreation Department
2009 Spring Soccer Program
Junior Kickers, U6, U8, U10 & U12

Please fill out this form and return to the Parks & Recreation Department Office, 118 Main Street [located upstairs at the Skating Rink] or mail to P. O. Box 324, Mt. Vernon, Indiana 47620. Office hours are Monday – Friday, 8 a.m. to 5 p.m. [closed for lunch from 12 - 12:30 p.m.]. All registrations are due by Friday, February 27th at 5 p.m. Late Deadline March 6th with a \$5.00 fee. **NO registrations will be accepted after this date.** League play will begin on Saturday, April 4th.

Fees: \$30 per participant, additional child \$15.

Name _____

Address _____

Phone _____ Grade _____

D.O.B. _____ Age _____ Gender: M F

**Please indicate shirt size: YS YM YL S M L XL

Parent Permission:

I/We hereby grant permission for our son/daughter _____ to participate in the Spring Soccer League. I/We will assume all responsibility and obligations for our child in case of injury or accident sustained during participation in this program. I will release the Mt. Vernon Parks Board, Department, and all other paid and voluntary personnel from any and all obligation during the course of the program. We will all try to work together to build a fine program for all of the youth involved.

Parent(s) Name - Printed _____

Address _____

Parent Signature _____

Phone #'s h) _____ w) _____ emergency) _____

Email _____

We encourage everyone to volunteer regardless of their knowledge of the sport. The success of the program depends upon the volunteers. The more volunteers - the more opportunities your child will have. Coach? _____ Asst.? _____

Coach Shirt Size: S M L XL

Rec. # _____ Date Rec'd _____ By _____